

Candidate
Annual Report of Receipts and Disbursements
2009



Candidate's Name Bryant W. Clark
Full Address 271 Clark Rd. Pickens, MS 39146
Telephone 662-834-4074 Fax 662-834-6136
Contact Name Bryant Clark Email bclark@bryantwclark.com
Office Sought MS House of Representatives Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

X January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$2450. ⁰⁰ + \$325. ⁰⁰	\$ 2775	\$ 2775
Total amount of disbursements	\$750. ⁰⁰ + \$1634. ⁰⁰	\$ 2384	\$ 2384
Total amount of cash on hand		\$ 1426	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Bryant Clark
Signature of Candidate

Jan 29, 2010
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Bryant W. Clark
 Reporting period Jan 1, 2009 through Dec 31, 2009

Page 3 of 4

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>QC Holdings</u>	<u>6/22/09</u>	\$ <u>250</u>
Mailing Address	<u>940 Indian Creek</u>	<u>4/18/09</u>	\$ <u>250</u>
City, State, Zip Code	<u>Overland Park, KS 66210</u>	<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Wyeth Good Government Fund</u>	<u>7/8/09</u>	\$ <u>250.00</u>
Mailing Address	<u>100 Jim Star Road</u>	<u>1/1/</u>	\$
City, State, Zip Code	<u>Newman, GA 30263</u>	<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Grand Trunk Western Railroad Co.</u>	<u>11/3/09</u>	\$ <u>250</u>
Mailing Address	<u>P.O. Box 5025</u>	<u>1/1/</u>	\$
City, State, Zip Code	<u>Troy, MI 48007</u>	<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Abbott's Lab Employee PAC</u>	<u>11/3/09</u>	\$ <u>300</u>
Mailing Address	<u>100 Abbott Park Rd Abbott Park, IL</u>	<u>1/1/</u>	\$
City, State, Zip Code	<u>Abbott Park, IL 60064</u>	<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>300</u>

Name of Candidate or Committee Bryant W. ClarkReporting period Jan 1, 2009 through Dec 31, 2009

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Zeneca Service</u>		<u>11/7/09</u>	\$ <u>350</u>
Mailing Address <u>1800 Concord Pike P.O. Box 1543</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Wilmington, DE 19850-5437</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>350</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&T Supply Inc</u>		<u>12/09/09</u>	\$ <u>500.00</u>
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Assoc for Homecare</u>		<u>12/1/09</u>	\$ <u>300.00</u>
Mailing Address <u>134 Fairmont St Ste B</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Clinton, MS 39056</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>300.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1/1/</u>	\$
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Bryant W. Clark
 Reporting period Jan 1, 2009 through Dec 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name <u>Holmes Co. Branch of NAACP</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 629</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u>750</u>
City, State, Zip Code <u>Lexington, MS 39095</u>		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>Sponsorship</u>		Aggregate Year-to-date	\$ <u>750</u>
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$